REGION IV MENTAL HEALTH BOARD MINUTES
August 10, 2010 - 12:00 TO 2:00 PM
Ada County Sheriff's Office
7200 W Barrister, Boise, ID

CHAIR: Greg Dickerson
VICE CHAIR: Sharon Ullman

Attendees: Gayle Larson, Judi Corlett, Mechelle Wilson, Gina Westcott
Ann Kirkwood, Courtney Santillan, Nicole Gustafson, Stormy Stanek, Vern Garrett, Kathie Garrett, Connie Cruser. Elizabeth Baker, Ross Mason, Kate Pape, Douglas Miller, Greg Dickerson, Sharon Ulman, Martha Ekhoff
Excused Absences: Mary Rong, Laura Thomas, Linda Zimmer, Shelley Retter

Agenda	Presenter	Discussion	Action/Next Steps
Introductions and Attendance	Greg Dickerson	Kathy Garrett of the Idaho Council of Suicide Prevention was introduced. On September 14th the BHTWG will be holding a Stakeholder Outreach Session at 2:30pm at Stevens Henager College, 1444 S. Entertainment Ave., Boise. It was decided to hold our normal Board meeting at 12:00 and then for those wishing to attend the stakeholder session, may drive there after the Board meeting.	
Review Agenda Approval of last meeting's minutes	Greg Dickerson	No additional agenda items were added. Connie motioned that the minutes from last meeting be approved as written. Ross seconded. Members votes for approved.	
State Planning Committee Report	Courtney Santillan	Courtney had nothing more to report on the SPC Report. She did mention that she continues to bring to the Council's attention that there are no parents with children under 18 on the Council. She also praised Greg for being very pro-active with the Council.	
Suicide Prevention Action Plan	Ann Kirkwood Kathie Garrett	Ann and Kathie presented the Idaho Suicide Prevention Hotline, Analysis of Options for Decision Making Report, as published by Idaho State University, Institute of Rural Health. Ann reported that two years ago she came to the Board to get the Board's backing for a grant they were applying for. They received the grant, but the Legislature pulled some of the funding. They worked on the report to fully get ready to start the Hotline. A fact sheet about the Report which summarized the report's contents was handed out and is attached to these minutes for viewing. Another fact sheet from SPAN Idaho	

		was handed out, which lists Idaho suicide percentages and rates that was discussed is attached for viewing as well. In 2007 the National Lifeline took over taking calls from Idaho. They don't have any requirements to follow-up with callers, which is what would happen with the Idaho Hotline. A national survey of other states' hotlines was done. Some states receive some government funds; most are non-profit. It is possible to place the Idaho Hotline in with Careline. The Report budgeted out for 24 hour/day and eight hours/day operation. People operating the Hotline need 32-40 hours of training before starting. Beth asked when the highest volume of calls happen. Ann responded at night on Thursdays and Fridays. Recent spikes have been caused by the poor economy. The National Hotlines states that 1 in 4 calls mention the economy. Gina mentioned that DHW will be providing more crisis services and there is the potential to include the Idaho Hotline within the Department's services. The infrastructure already exists. The group have been asked by law enforcement agencies to come speak with them, due to the increasing numbers of cases and they will be meeting with Careline as well.	
Review the BHTWG Presentation handouts	All	Gina handed out the latest version of the presentation and Core Services. She explained our core services will be Crisis, court related and voluntary for those without insurance. Sharon asked if DHW were going to decrease the purchase of medications. Gina replied that the Department has approximately $1,000,000 shortfall in their personnel budget and less in Trustee & Benefit. About three/fourths of our medications come from the Patient Assistant Program. Gina said we will have to look at paying for labs and will be looking at other medication choices. PATH funds will be managed by an outside entity, which will cause us to have to go to them for any money. Ross mentioned that an array of core services has been added to a survey developed that will be passed out at all the meetings of the BHTWG. Other states brought to the Work Group's attention that consumer and family involvement was imperative, however, they have not been involved with this Work Group.	
Member reports and Updates CMH Subcommittee	All	Courtney reported the CMH Subcommittee has been doing rural community outreach. Vern told her about the Huckleberry Festival in Donnelly on August 14-15. The Subcommittee's plan in September is to determine their new	

Update RAC Update		direction. Vern reported that RAC is trying to get used to their new budget, which he reported the details of last meeting. Martha reported that NAMI Boise will be hosting a consumer support group facilitator training on September 10, 11 and 12. This is to ensure the groups in each state will be the same. The NAMI Walk will be October 2nd. Judi reported that suicide related admissions at the hospitals are up and that substance abuse resources are not out there. Mechelle reported the change in Children's MH by referring clients with Medicaid to private providers. CMH will be educating the courts about Medicaid providers. The first PLL class starts this week. CMH staff are starting to do DE's to help out AMH. They are starting by doing 1 DE/month. ;In October they will be starting weekend coverage. Gina reported Scott Tiffany took a new job with Ray Millar in Oregon. The Federal Block Grant Site Review will take place on August 17th. Dr. Koltes is going very well with the temporary loss of our nurse practitioner. Sharon discussed changes in Allumbaugh funding. Courtney stated thankful for wonderful partners; ISU has provided a stipend for people to attend a September 8th seminar entitled It can be done: Moving from Awareness to Action in Suicide Prevention. Connie reported that Elmore County's drug court may be started in September and spoke about a new substance called Spice that underage children can purchase in stores. Beth reported "Jazz in the Park" will be held in Julia Davis Park on August 28th. Proceeds going to CATCH. Ross reported he is helping out with fixing Molina.	

		Kate is seeing the same trends in the jail – more in need of mental health help. A non-punitive medication error procedure has been established. Doug is still dealing with fall-out from the 4th of July. Many were first-time offenders. A first-time offender diversion program has been started. Mechelle will be traveling to McCall to meet with the court and Doug on August 11th.	
Other Board Items			
		Meeting adjourned.	

Next meeting is Tuesday, September 14, 2010 at the Ada County Sheriff's Department. Immediately following meeting is BHTWG at Stevens Henager College for those who wish to attend.

Idaho Suicide Prevention Hotline: Analysis of Options for Decision Making

***Hotline Options* Report** The State entered into a contract with the Institute of Rural Health at Idaho State University to prepare a report identifying how a hotline could be established and maintained. The goal was to study the benefits of a suicide prevention hotline; examine infrastructure needs; prepare guidance for operator training; and evaluate accreditation standards, operation policies and procedures, sustainability, and marketing.

Background Idaho is the only state in the Nation without its own nationally certified suicide prevention hotline. After the closure of Idaho's hotline, Lifeline agreed as a professional courtesy and at its own expense to accept all of Idaho's calls through its national network of crisis centers. The Idaho call volume to the Lifeline 1-800 number appears to be increasing from 1,534 in 2007 to 3,633 calls in 2009 (Lifeline, 2010).

Idaho's Suicide Rate Nationally, the suicide rate is 11.5 suicides per 100,000 people; Idaho's rate in 2008 was 16.5 per 100,000 people, up from 14.9 in 2007 (CDC-NCIPC, 2010; SPAN Idaho, 2010). The number of suicides in Idaho rose from 251 in 2008 to a preliminary figure of 305 in 2009, a 19 percent increase (SPAN Idaho, 2010; K. Anderson, personal communication, 8 April 2010). Because the population in rural Idaho is low, the total number of suicides also is low. However, suicide rates when compared nationally are very high in rural areas of Idaho.

Findings As this report was being created, data were collected from around 20 individual sources and thirteen various research projects were instigated. The National Suicide Prevention Hotline Executive Director Survey provided us with valuable information, including details on organizational structure, types of calls received, accreditation decisions, and funding sources. Economic analysis of suicide, found that in 2008 the Idaho medical cost of suicide was approximately $861,000 with lost productivity costs totaling around $343.8 million (N. Piland, personal communication, 19 May 2010).

Accreditation and Certification Before being able to join the Lifeline network of national hotlines, an Idaho hotline needs to first be accredited by an accreditation organization. Once the hotline determines the accrediting agency that best fits its organization, Lifeline membership is the next step in helping to establish the hotline as a nationally recognized organization.

Sample Policies It is extremely important to have a policy manual that reflects the chosen accrediting organization's requirements, if accreditation is to be sought. A well-constructed policy manual provides support networks, guides staff and volunteers when in a difficult situation, and protects them if anything harmful were to happen.

Training The creation of a training program is an important step in the formation and implementation of a hotline. As training is being formulated, it is important to be aware of the training criteria necessary for accreditation. Operators should also be trained in the content knowledge involved in a hotline call.

Call Volume and Estimates One of the largest issues to address before the creation of a hotline is where the organization could be housed. Configuration options discussed include combinations of a 2-1-1 information and referral system, hospital or other health care organization, community/regional health or social service organization, university, and/or a freestanding nonprofit organization. Of the 23 hotlines that responded to the National Suicide Prevention Hotline Executive Director Survey, 78 percent were nonprofit organizations.

Sustainability Finding funding for the hotline will be an important step in establishing its presence in Idaho. A discussion of potential resources was completed in cooperation with this project's Advisory Partners. The National Suicide Prevention Hotline Executive Director Survey that we conducted showed that the most common source of funding was dedicated government funds.

Marketing Plan With the assistance of the Advisory Partners, we created a marketing plan to assist an Idaho hotline in reaching target populations. A draft Idaho pocket card was created and, with the addition of Idaho's hotline number and Web site, it will be ready for printing.

Conclusion Hotlines are uniquely suited to prevent individuals at risk from attempting or completing a suicide. A national study found that around 12% of callers spontaneously reported that their call to a hotline saved their lives (Gould et al., 2007). The formation of a suicide prevention hotline in Idaho represents an opportunity to effectively address the issue of suicide attempts and completions in the state.

Idaho State University
Institute of Rural Health

For more information you can access the full report at http://isu.edu/irh/projects/suicide_hotline/

SPAN IDAHO

SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet
July 2010

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. In 2007 (the most recent year available) Idaho had the 11th highest suicide rate, 28% higher than the national average.
- In 2009, 307 people completed suicide in Idaho; a 22% increase over 2008, and a 40% increase over 2007.
- In 2009, 77% of suicides were by men.
- In 2009, 58% of Idaho suicides involved a firearm. The national average = 50%.
- 14.2% of Idaho youth attending traditional high schools reported seriously considering suicide in 2009. 6.9% reported making at least one attempt.
- In 2007, there were 34,600 deaths by suicide in the United States, an average of 1 person every 15 minutes.
- In 2000, the suicides of those under 25 years of age in Idaho resulted in estimated direct costs of $3.77 million, and lost earnings of $81 million.
- Between 2005 and 2009, 74 Idaho school children (age 18 and under) died by suicide.

Idaho Suicides by Region – 2009

Region	City	Suicides	Rate (per 100,000)	Population	Tot. # suicides 2005-2009	5-yr Avg Rate
1	CDA	52	24.3*	213,662	268	25.7
2	Lew	19	18.2*	104,496	102	19.9
3	Nampa	43	17.1*	251,013	204	16.8
4	Boise	64	14.9-	429,647	344	16.4
5	Twin	49	27.2*	179,994	181	20.8
6	Pocatello	36	21.9*	164,526	157	19.6
7	Id Falls	44	21.7*	202,463	190	19.7

* increase from 2008, - decrease from 2008

Idaho Suicides by Age/Gender 2005-09
Over 5 year period

Age	Total	Male	Rate	Female	Rate
10-14	19	16	5.7	3	1.1
15-19	81	70	24.8	11	4.0
20-24	117	101	36.2	16	6.6
25-34	206	165	30.6	41	8.1
35-44	272	208	42.4	64	13.4
45-54	303	230	44.7	70	14.1
55-64	204	167	41.8	37	9.2
65-74	102	89	39.4	13	5.5
75-84	97	95	74.7	2	1.2
85+	45	40	89.2	5	6.4

Method 2005-09
(all ages)

Firearm	64.6%
Poisoning	16.9%
Suffocation	13.4%
Cut/Pierce	1.5%
Fall	1.4%
Other	2.3%

Idaho Suicide Rates 1998 – 2009

Year	Number	ID Rate	US Rate
1998	202	16.4	11.3
1999	180	14.4	10.7
2000	166	12.8	10.7
2001	213	16.1	10.7
2002	203	15.1	11.0
2003	218	16.0	10.8
2004	239	17.2	10.8
2005	225	15.7	10.7
2006	218	14.9	11.1
2007	220	14.7	11.5
2008	251	16.5	n/a
2009	307	19.3	n/a

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Idaho Youth Risk Behavior Survey 2009 – High School Students

Grade	Depressed	Suicidal	Plan	Attempt	Medical Care For Attempt
9th	27.3%*	12.7%-	12.2%-	5.9%-	1.8%-
10th	29.5-	17.9-	14.6*	9.7	2.6-
11th	30.2*	13.3-	14.3*	6.2-	1.6-
12th	26.0-	12.3-	12.0-	5.5-	2.0*
Idaho Overall	28.3	14.2-	13.3*	6.9-	2.0-

* increase from 2007, - decrease from 2007

Idaho Suicide Rate By County

5-year average 2005-2009
(suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	297	15.9	Gem	20	24.2
Adams	4	22.6	Gooding	8	11.2
Bannock	72	18.0	Idaho	15	19.6
Bear Lake	9	30.7	Jefferson	20	17.5
Benewah	9	19.5	Jerome	23	22.9
Bingham	45	20.7	Kootenai	172	25.6
Blaine	22	20.4	Latah	32	17.6
Boise	12	31.7	Lemhi	16	41.5
Bonner	54	26.3	Lewis	5	27.9
Bonneville	112	23.2	Lincoln	5	22.2
Boundary	18	33.1	Madison	8	4.4
Butte	2	14.4	Minidoka	18	19.4
Camas	3	54.4	Nez Perce	44	22.6
Canyon	141	15.7	Oneida	3	14.6
Caribou	11	32.1	Owyhee	12	22.2
Cassia	12	11.5	Payette	20	16.7
Clark	1	22.1	Power	7	18.2
Clearwater	6	14.6	Shoshone	15	23.4
Custer	9	43.2	Teton	9	21.6
Elmore	25	17.3	Twin Falls	90	24.6
Franklin	10	16.4	Valley	10	22.4
Fremont	13	20.8	Washington	8	15.8
			Idaho (total)	1,446	19.3 (5-year average)

Sources: Idaho Bureau of Vital Records and Health Statistics
Idaho Department Health and Welfare
Center for Disease Control and Prevention
YRBS Idaho, 2009

Compiled by Kim Kane, Executive Director, SPAN Idaho (kkane@spanidaho.org)
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